



OHA-KEPRO – BEHAVIORAL HEALTH OPERATIONS MEETING

Date: April 25, 2017

Present: Chad Scott, Heidi Leonard (phone), Jeff McWilliams, John DiPalma, Katrina Lee, Maggie Klein

Item	Topic	Discussion	Action	Responsible Party
	Intro	Purpose and frequency of meeting discussed. Plan for weekly meetings – in Salem or West Linn, either site acceptable. Discussed transition plan for Chad. Discussed concept for Dashboard completion as a way to provide update information to OHA leadership.	Schedule two hour meeting to discuss Dashboard and report development. Attendees: OHA – Chad and KEPRO.	John DiPalma (to schedule)
1	BH – Staffing Reassignment Plan	Katrina provided overview of BH coverage plan and current IQA staffing. Current staffing: 2 TEM (Jude and TBD), 2 UM (Kenlin and Anne), 2 OSH (Deb and 2 xTBD). Chad reported discussion with OSH on KEPRO role and need for information on admission. Chad noted this sounds like a good staffing overall plan and suggested opportunities to better use of technology to perform functions, i.e., Skype (or video interviewing capabilities).	Recruitment and hiring in process for three positions.	Katrina Lee (lead for recruitment and hiring)
2	CAP Letters	Discussed status. Chad acknowledged that to the best of his knowledge all requested information was received. Chad explained that a reorganization is underway at OHA, so it is still unknown who will be responsible for specific areas. He also noted that OHA may not initially fill the UM position being vacated by Trevor reassignment. Chad acknowledged good recent work in UM with the development of the PA service type manuals and work being performed.	No follow-up action needed	John/Chad
3	Treatment Episode Monitoring	Plan for coverage discussed. Plan to implement TEM request form to facilitate TEM completion. Chad noted KEPRO needs to ensure it is capturing and reporting the correct codes with appropriate documentation based on criteria for each key code. Focus on service authorized with follow-up on each code authorized. Discussed monthly reporting for TEM. Chad noted the form used last month acceptable for needed base data. He suggested the idea of a hyper-link being used for each entry, but that this	Letter to be sent to providers for use of new form for information gathering. Needs to include Rule language from PA section. Chad to send Rule language. Goal for provider letter to be completed this week.	Maggie Klein (draft letter for Chad/OHA review)

		was not necessary, as long as detail is available if requested.	Draft to be sent to OHA for approval.	
4	TEM Model and LOC Guidelines	This document is loaded on IP Switch and available for reference. Discussed elements (as noted above). No changes requested	No follow-up action needed.	
5	KEPRO Role at OSH	Chad reported discussion with OSH on KEPRO role and need for information on admission.	Follow-up discussion with OSH and Katrina to reinforce KEPRO role/ expectations.	Katrina Lee Chad Scott
6	Admission Notifications from OHS/JC	Chad discussed with OSH the need for more timely notification from OSH/JC of new admissions. It was noted there is a need to clarify the timeline for KEPRO action and how best to trigger this action. It has been suggested this be at Day 10 with patient-centered plan provided at Day 20 (M. Oyster). However, this is not necessarily an optimum window for all patients. There is still a desire to have OSH admissions captured in PreManage. However, this would need to be considered a “pre-notice” with the 10 day notice for action being considered as a separate trigger given the current Contract language.	Additional discussion needed on timeline for OSH actions. With use of PreManage may need to consider this as a “pre-notice” for action to be in compliance with current contract. Otherwise, would need to consider future contract amendment.	Katrina Lee Chad Scott
7	Criteria for Civil SRTF Admission	Chad provided draft criteria for coverage/payment in a licensed setting. (See handout). Discussed PSRB handling, as these are directed and not authorized. Discussed need for more specificity on determination worksheet. Currently information from OSH tends to be vague and not sufficiently specific to make an informed discussion. Authorization should end of date of commitment end.	KEPRO will review for consideration and will recommend revisions. Chad to send electronic version for revision. Katrina will forward to Dr. McWilliams.	Dr. McWilliams (criteria revision) Chad Scott (review draft) KEPRO (send letter)
8	Face-to-Face Determination	Chad explained that for community eligibility determinations a F2F is required. However, this can be done by the QMHP and not KEPRO. For OSH, Medicaid doesn’t apply, but desire to be treated similarly. Discussed how use of technology could help facilitate the completion of these determinations, i.e., it would be permissible to do phone or Skype-type assessments.	No follow-up action needed.	

9	Denying Authorization over 30 Days	Letter sent from OHA on 4/24/2017 is generating a number of retro-auth requests. Per Chad, KEPRO should continue to deny at 30 days. OHA is continuing to consider payment for retro-requests. However, after August 31 st no retro authorizations will be paid by OHA.	KEPRO is to continue denying requests at 30 days, as they are doing now.	
10	Average Length of Stay Reporting	Received ALOS report. Chad reported the DOJ hasn't established an ALOS, but has the guideline from KEPRO. Chad noted that the information provided by KEPRO is helpful in providing a baseline.	No follow-up action needed.	
11	IP Switch Access and Organization	Confirmation of access. Available to be used.	No follow-up action needed.	
12	Invoicing for Services	Chad noted the new format was clear and easy to review.	No follow-up action needed.	
13	Quarterly Reporting	Next report due out on May 15, 2017.	Once available will schedule review OHA.	John DiPalma (schedule review)
14	New Business: Corporate Visit	Meeting scheduled for 04/27/17 to introduce OHA – Chad and Rhonda to KEPRO Corporate leadership.	Meeting scheduled for 04/27/17 at 1130am.	John Di Palma
15	New Business: SRTF Referral for WA Medicaid	Katrina raised a question of how best to handle an SRTF referral with WA Medicaid. Chad recommended the case be reviewed applying admission criteria from a clinical perspective. Billing/reimbursement plan to be addressed outside of KEPRO.	Will instruct KEPRO staff on handling of request from outside Oregon.	Katrina Lee
16	Meeting Adjourned	Meeting adjourned at 12noon.	Next Meeting: May 2, 2017 at 11am	

Respectfully submitted:

Margaret Klein, RN, MS, MSN, JD
 Director, Clinical Operations
 Meeting Scribe